COPY

CERTIFICATE OF DEATH
NAVMED N (REV. 4-58) FRONT

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FROM (Ship or Station)
The White House, Washington, D.C.

IF UNIDENTIFIED INDICATE BY USING "X" AND CONSECUTIVE NUMBER HERE

1. NAME
President John Fitzgerald Kennedy

2. SEX
[X] MALE [ ] FEMALE

3. RACE
[X] CAUCASIAN [ ] NEGROID [ ] OTHER (Specify)

4. STATUS
President of the United States
[ ] REGULAR ACTIVE [ ] RESERVE ACTIVE [ ] RETIRED [ ] DEPENDENT [ ] VAP [X] OTHER (Specify)

5. LENGTH OF SERVICE (Years and months)
2 years 11 Months

6. AVIATION
[ ] YES [X] NO

7. FILE OR SERVICE NO.
NA

8. RANK/RATE
NA

9. CORPS
NA

10. BRANCH OF SERVICE
NA

11. PLACE OF BIRTH (City and State or Country)
Brookline, Massachusetts

12. DATE OF BIRTH (Month, day and year)
May 29, 1917

13. AGE (Years, months) (Days, if under 1 year)
46 years 6 months

14. RELIGION
Catholic

15. COLOR OF EYES
Blue

16. COLOR OF HAIR
Auburn

17. COMPLEXION
Ruddy

18. HEIGHT
72"

19. WEIGHT
172

20. MARKS AND SCARS (Noted in health record)
4" scar 2nd, 3rd and 4th lumbar spine
4" scar upper left leg, well healed

21. FINGERPRINT - STATE WHICH FINGER (Right index preferred)

22. NEXT OF KIN OR FRIEND (Relation, name and address)
Mrs. John Fitzgerald Kennedy, The White House, Washington, D.C.

23. ADMITTED TO SICK LIST FROM (If on active duty, last duty station before current admission to sick list)
The White House, Washington, D.C.

24. DATE ADMITTED TO SICK LIST (Month, day, year)
November 22, 1963

25. PLACE OF DEATH
Parkland Memorial Hospital, Dallas, Texas

26. TIME OF DEATH (Month, day, year, hour)
November 22, 1963 1:00p.m.

27. CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(a) Gunshot wound, skull	
ANTECEDENT CAUSES. (Morbid conditions, if any giving rise to above cause (a), stating the underlying cause last)	DUE TO (b)	30 minutes
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)		

28. DO NOT WRITE IN THIS SPACE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58		60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

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29. NAME

John Fitzgerald Kennedy

30. SUMMARY OF FACTS RELATING TO DEATH:

President John Fitzgerald Kennedy, while riding in the motorcade in Dallas, Texas, on November 22, 1963, and at approximately 12:30 p.m., was struck in the head by an assassin's bullet and a second wound occurred in the posterior back at about the level of the third thoracic vertebra. The wound was shattering in type causing a fragmentation of the skull and evulsion of three particles of the skull at time of the impact, with resulting maceration of the right hemisphere of the brain. The President was rushed to Parkland Memorial Hospital, and was immediately under the care of a team of physicians at the hospital under the direction of a neurosurgeon, Kemp Clark. I arrived at the hospital approximately five minutes after the President and immediately went to the emergency room. It was evident that the wound was of such severity that it was bound to be fatal. Breathing was noted at the time of arrival at the hospital by several members of the Secret Service. Emergency measures were employed immediately including intravenous fluid and blood. The President was pronounced dead at 1:00 p.m. by Dr. Clark and was verified by me.

31. DISPOSITION OF REMAINS

To the White House, Washington, D.C.

32.

DATE SIGNED November 23, 1963 SIGNATURE George Gregory Burkley RADM (MC) USN
Physician to the President (Rank)

33.

APPROVED: COURT OF INQUIRY OR BOARD OF INVESTIGATION _____ BE HELD.
(Will or will not)

DATE SIGNED _____ SIGNATURE _____ _____ USN
(Commanding Officer) (Rank)

COPY

STATE OF TEXAS

CERTIFICATE OF DEATH

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas
c. LENGTH OF STAY in b. 1 day
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Parkl[illegible] Hosp
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [✓] NO [ ]

2. USUAL RESIDENCE of deceased. If institution, residence before admission
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside city limits, give precinct no.)
d. STREET ADDRESS (Number and street or location)
e. IS RESIDENCE INSIDE CITY LIMITS? YES [ ] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (Type or print) (a) First John (b) Middle F (c) Last Kennedy
4. DATE OF DEATH 22 Nov 1963
5. SEX
6. COLOR OR RACE
7. Married [ ] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH
9. AGE (In years on last birthday)
If UNDER 1 YEAR: Months, Days
If UNDER 24 HRS.: Hours, Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gunshot of Pericard
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 1 hr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [✓]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month Day Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I hereby certify that I attended the deceased from 22 Nov 19 63 to 22 Nov 19 63 and last saw the deceased alive on the date stated above, and to the best of my knowledge, death occurred at 1:00 p.m. (Degree or title)
22a. SIGNATURE [illegible]
22b. ADDRESS 5383 Ridge Hill
22c. DATE SIGNED 22 Nov
23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR, SIGNATURE
25a. REGISTRAR'S FILE NO.
25b. DATE REC'D BY LOCAL REGISTRAR
25c. REGISTRAR'S SIGNATURE

VS-2 REV. 1/58

[illegible] 11-27-63